

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-035792

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 361 Primary Registration District No. _____ Registrar's No. 72

FILED OCT 10 1962

1. PLACE OF DEATH a. COUNTY <u>Ripley County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u>		c. CITY OR TOWN <u>Doniphan</u>	
Length of stay in 1b <u>1 day</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley Co. Mem. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Route #2</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Flake</u> Middle <u>Smith</u> Last <u>Bessent</u>		4. DATE OF DEATH Month <u>October</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-22-98</u>
9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and state or country) <u>Dyer Co. Tennessee U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY _____	
13a. FATHER'S NAME <u>James F. Bessent</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Etta Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Stella Ruth Bessent</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Address <u>Stella Ruth Bessent</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis</u>			
DUE TO (c) <u>Generalized Arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumonia & Degenerating Joint Diseases</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May, 1962</u> to <u>death</u> and last saw him alive on <u>10-3-62</u> Death occurred at <u>9:10 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Gene H. Leroux, M.D.</u>		22b. ADDRESS <u>Doniphan, Mo.</u>	
22c. DATE SIGNED <u>10-5-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-6-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Good Hope Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Ripley Co. Missouri</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>Edwards Funeral Home, Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-6-62</u>	
26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR TYPEWRITER RIBBON

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Rev. 4/59

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OCT 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued

10-11-62

J.A.S.